

Sign Out Edit View Format Chat/Help		Patier	
ICANotes Behavioral Health EHR		Continue	Photo
Demographics		Chart Details	Yazzie, Joshua Patient's Name
		Go to E-Prescribe	153 Patient's ID
			39 Yrs DOB 7/5/1984
		Anaphylactic Reaction Reported <input type="checkbox"/>	Patient Reviewed Demographics
Patient Information		Insurance Information	Other Contacts
*Name (F,M,L,Suffix) Joshua Yazzie		*Date of Birth 7/5/1984 Age: 39	*Date of Entry 7/27/2023
<input checked="" type="checkbox"/> Homeless Address 610 Silver St.		Unique Patient ID 153	*Sex: M Red fields are
<input type="checkbox"/> Bad Address Addr 2 / Appt #		*Gender man more	
<input type="checkbox"/> Sample City, State, Zip Silver City NM 88061		Refer to patient as Joshua	
<input type="checkbox"/> Chart County		SSN # 585-53-4769	Extra Privacy
Best Phone Home Phone Country US		Alt. Patient ID	Room:
<input type="radio"/> Home Cell Phone		Other Names	MAR <input type="checkbox"/> API
<input type="radio"/> Work Work Phone ext		Previous Address	
<input type="radio"/> Cell Email			
Patient Status		Patient's Condition	
<input checked="" type="radio"/> Active		Date Of Current Illness Onset	Date Of Similar Illness
<input type="radio"/> Inactive		Date of Current Admission: From	To
<input type="radio"/> Pending		Admitting DX	
API <input type="checkbox"/>		Dates Unable To Work: From	To
Appt Reminders via: <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> Phone Message		Condition Related To Employment? <input type="radio"/> Yes <input checked="" type="radio"/> No	State Of Accident
Employment Status		Condition Related To Auto Accident? <input type="radio"/> Yes <input checked="" type="radio"/> No	
School or Employer		Condition Related To Other Accident? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Grade		In treatment Previously? <input type="radio"/> Y <input type="radio"/> N If yes, where?	
Marital Status married		Date Of Death	Preliminary Cause
Sexual Orientation Straight or heterosexual			
*Ethnicity Native American			
Ethnicity 2			
Religion Christian			
Annual Household Income			
Family Size			
Veteran <input type="radio"/> Y <input type="radio"/> N			
*Race			
Race 2			
*Preferred Language			
Disability			
		Release of Info	Adv. Dir.
		Patient Calendar Note	Miscellaneous Notes
			Custom Fields